

## **HOTLINE OUTCOMES ASSESSMENT STUDY, PHASE I SUMMARY OF CONCLUSIONS**

Phase I of the Hotline Outcomes Assessment Study was conducted for the Project for the Future of Equal Justice by the Center for Policy Research, Denver, an independent research firm.

Phase I focused primarily on the impact that adopting a *telephone intake, legal advice, brief services, and referral system* ("Hotline") has on the caseload statistics of LSC-funded programs. The researcher used the Case Summary Reports (CSR) data provided by programs to LSC to compare pre-Hotline and post-Hotline caseload statistics in programs that have adopted such systems. The analysis tracked the changes in the overall number clients served and the level of brief services (including advice and referrals) and extended services. The study sought to analyze the extent to which the post-Hotline data showed an increase in the level of brief services without a decrease in the level of extended services.

Phase I was limited to LSC-funded programs because the CSR data, despite its limitations, is the only currently existing source of information concerning pre- and post-Hotline caseload levels. The researcher began by interviewing the managers of 44 Hotlines listed in the National Hotline Directory. The primary purpose of these interviews was to identify those programs with comparable quantitative data for two years prior to and following the introduction of the Hotline. The managers and directors were also interviewed about their perceptions of the effectiveness of Hotlines in improving services to clients and about the particular strengths and weaknesses of Hotlines. The interviews also generated a significant body of information about varieties of Hotline staffing and a number of other issues relating to Hotline design and implementation.

All but 16 of the programs interviewed had to be eliminated from the quantitative part of the study because only one year of post-Hotline data was available or because of other factors that would have prevented comparison of pre- and post-Hotline data (for example, a change in the size of the service area; a major change in the way that CSR case category definitions were applied). One significant category of LSC-funded Hotlines that was excluded was the group of new Hotline-centered programs created in 1996 in Connecticut, Massachusetts, Vermont, New Hampshire, and Washington State. These programs had to be excluded because: 1) there are no pre-Hotline data available for comparison; and 2) they do not provide extended services. The results of all 44 interviews were considered in the qualitative sections of the report.

The Phase I Report reaches the following conclusions:

**1. Hotlines can be effective, but success is not guaranteed.** If effectiveness is defined as increasing capacity to provide brief service without reducing capacity to provide extended services, the quantitative analysis of 16 programs with relatively comparable pre- and post-Hotline environments revealed a mixed picture. Six of the ten programs with budgets over \$1 million succeeded in increasing the level of brief services in the two post-Hotline years by more than 10 percent (all but one by much more than 10 percent) while remaining relatively stable (with an increase or less than 10 percent reduction) in their level of extended services. Among the seven programs for which more than two years of post-Hotline data are available, the four

programs with funding of over \$1 million were able to repeat that success in the two most recent years. In contrast, no program with a budget of less than \$1 million was able to achieve this goal.

The value of the quantitative analysis is limited, given the limitations of the CSR data and the group of programs studied and the possibility that the results reflect factors other than the effect of the Hotline. For a program considering adopting a Hotline model, the most that can be claimed for this evidence is that it suggests that Hotlines *can* be effective, but that success is by no means guaranteed. Careful strategic planning and preparation is crucial in creating a complex new endeavor. Programs should be aware that they must take care as they implement new Hotlines to avoid unintended shifts in the balance of the services they provide. The data suggests that this may be a particular problem for smaller programs.

**2. All 44 executive directors and managers interviewed believed that the Hotline expanded the program's capacity, productivity, and accessibility.** The value of this evidence is limited because it reflects the views of people who have made the decision to adopt the Hotline model. However, it is significant that the study did not identify any feeling that adopting the Hotline had been a mistake. The key benefit of the Hotline was seen as its ability to make brief legal assistance available to more individuals with greater speed and convenience. The populations that are perceived to benefit the most are the elderly, the employed, rural residents, and individuals who have transportation or child care problems.

**3. Although there are often some initial staff resentments and concerns about the decision to move to a Hotline system, these fade once the Hotline is implemented and staff experience its efficiencies.** By all accounts, start-up is challenging. However, most managers and executive directors reported that the entire staff eventually came to support the Hotline and appreciate its efficiencies.

**4. Many different staffing arrangements and operational formats work well.** There was no consensus among the interviewees about the best staffing arrangement and operational format for a Hotline. Most programs were satisfied with their own system.

**5. Future research should focus on client satisfaction and outcomes.** The difficulties and limitations associated with the quantitative analysis suggest that there would be little benefit in further attempts to measure the effectiveness of Hotlines in comparison to traditional intake systems. However, analysis of the outcomes actually obtained for clients by Hotlines could provide some valuable guidance for how Hotlines are staffed and structured. Most of the research conducted so far has consisted of user satisfaction surveys with very low response rates, which are of little, if any, value in assessing the effectiveness of Hotlines. Little is known about whether clients (1) understand the advice they are given, (2) follow up on it, and (3) realize some satisfactory resolution to their problems.

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